

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>91288961</b>	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* C		* D		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1				1		51			1		
2		1				1	52				1	
3		1				1	53				1	
4		1				1	54				1	
5		1				1	55				1	
6		1				1	56			cancel		
7		1				1	57				1	
8		7				7	58				9	
9		7				7	59				9	
10		7				7	60				7	
11			1		1		61			cancel		
12				1		cancel	62			cancel		
13				1		cancel	63			cancel		
14			1	0	1		64					
15				1		1	65				1	
16				1		1	66				1	
17						1	67				1	
18						1	68				1	
19						1	69				1	
20						1	70				1	
21						1	71				1	
22						1	72				1	
23						1	73				1	
24						1	74				1	
25							75				1	
26							76				1	
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		3		5		TOTAL IND.	5		5		
TOTAL DEP.	27		31		29		TOTAL DEP.	34		1		
TOTAL CLAIMS	28		34		24		TOTAL CLAIMS	39				